

### DEDUCTION AUTHORIZATION FORM

In compliance with the Department of Homeland Security, SAVE (Systematic Alien Verification for Entitlements) guidelines and provisions, I hereby authorize AMTEX GENERAL CONTRACTORS, LLC, to deduct from my earnings, the cost of the Physical Examination, and any other costs associated with the employment verification process. These deductions will be undertaken only upon my failure to verify the legality of documents presented for obtaining employment.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempt to comply, with this authorization.

Ricardo Aguilar  
Name

4-2-09  
Date

### WORK ASSIGNMENT AGREEMENT

I hereby agree to be assigned to work at Képpel AmFELS, Inc. and to comply with the rules and regulations of Képpel AmFELS, Inc. including but not limited to its safety rules and regulations and its substance abuse policies. I understand that I will be under the control and direction of Képpel AmFELS, Inc. I understand that my job assignments will be given to me by Képpel AmFELS Inc., its employees or agents and that any work I perform is subject to Képpel AmFELS Inc.'s approval. I further understand that Képpel AmFELS, Inc. has the right to terminate my service at any time and at its sole discretion. I further understand that during my assignment to Képpel AmFELS, Inc. I will be a borrowed servant of Képpel AmFELS, Inc. and that Képpel AmFELS, Inc. will be my borrowing employer for the purpose of both the Texas Worker's Compensation Act and the Longshore and Harbor Worker's Compensation Act and any other maritime laws, including but not limited to the Jones Act. I further understand my sole remedy in the event I am injured while working at Képpel AmFELS, Inc. will be my worker's compensation benefits. I further understand that by me agreeing to be a borrowed servant of Képpel AmFELS, Inc. and by me agreeing to accept as my sole remedy worker's compensation benefits in the event I am injured while working at Képpel AmFELS, I am waiving any and all common law and statutory causes of action that I may have against Képpel AmFELS, Inc. for any injury or accident that I could sustain while performing work for Képpel AmFELS, Inc.

Ricardo Aguilar  
Name

4-2-09  
Date